

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY

TIME SENSITIVE REQUEST FOR SEPARATION INFORMATION

SUBJECT: EVQ30 – MILITARY SPOUSE RELOCATION

INFORMATION MUST BE RECEIVED WITHIN SEVEN DAYS OF REQUEST FOR SEPARATION INFORMATION.

EMPLOYER BUSINESS NAME AND ADDRESS

SSN

CLAIMANT

CLAIM DATE

MAIL DATE

RETURN DATE

DATES OF EMPLOYMENT (BEGIN DATE) _____ (END DATE) _____

1. What reason(s) did the claimant give for voluntarily leaving employment?

2. Did the claimant quit their employment because their spouse is an active duty service member and has been assigned to a new location? ☐ YES ☐ NO

3. When were you notified that the claimant was having to quit to relocate with their spouse?

mm/dd/yyyy _____